

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/575984**

FILING DATE

APPLICANT(S)

**CLAIMS**

①	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1				
4		1		1		
5	1		1			
6	1			1		
7		1				
8		1		1		
9		1		1		
10		2		1		
11		3		1		
12		3				
13		3		1		
14		3		1		
15		3		1		
16		3		1		
17		3		1		
18		3		1		
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20		3		1		
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TOTAL IND.	3	↓	2	↓	0	↓
TOTAL DEP.	38	←	15	←	0	←
TOTAL CLAIMS	41		17		0	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	